Broome County Triathlon Club

2012 Membership Application

Name:			
Address:		Gender:	M/F
City, State, Zip:	Age:	_	
E-mail:	Phone:		
Are you a current USAT membe	er? Y/N If yes: Member #		
Membership Type (Check One)	Individual (\$30) Family (\$50) (2 Shirts) Student (\$20) Charter (5 Year) (\$120) Charter Family (\$200)		
All BCTC Memberships will ex	xpire at the end of the year. Members that join	after September 1st will	receive a 50% discount.
Make checks payable to: Broome C	County Triathlon Club or BC Tri Club		
Mail checks to: Broome County Tri PO Box 374 Binghamton, NY 13	3902-0374		
Acknowledgement, Waiver, & Release from	m Liability (AWRL)		
death, serious injury, and property loss. I H	rt/duathlon is an extreme test of a person's phys HEREBY ASSUME THE RISKS OF PARTICI at I am physically fit, have trained for particip	PATING IN TRIATHLO	ONS OR
being that of a workout or low-key nature of kin, successors, and assign as follo death, disability, personal injury, property of in, or my traveling to or from a BCTC acti producers, event volunteers, and all cities, may be run and its (their) officers, director persons or entities mentioned in the paragr BCTC activities or events. I realize that mo or activity. I will be responsible for knowing	be used by the BC Triathlon Club (BCTC) and or a race format or just a social event. I hereby ws: a) WAIVE, RELEASE, DISCHARGE, and damage, property theft, or action of any kind vity, THE FOLLOWING PERSONS OR ENT counties, districts and/or states in which said ess, employees, representatives and agents and veraph from any and all liabilities or claims made ost BCTC activities are of a workout or social ng and following all traffic laws while particip them tin the event of my injury, accident, and/	take action for myself, d AGREE NOT TO SUR which may hereafter acci TTIES: BCTC, event spe- events may be staged or colunteers; b) INDEMNI by individuals or entition nature and no traffic cor- ating in, practicing for, of	my executors, administrators, heirs, E, for any and all liability for my rue to me as a result of participation onsors, race directors, event in which segments of said events IFY AND HOLD HARMLESS the es as a result of my actions during attrol will be in place during the event or traveling to or from a BCTC event
I CERTIFY THAT I AM EIGHTEEN (18) CONTENTS.	YEARS OF AGE OR OLDER; I HAVE REA	D THIS DOCUMENT; A	AND UNDERSTAND ITS
Signature:		Date: _	
Emergency Contact:	P	hone:	
. , , ,	nge, parent or guardian must sign w		
Signature:		Date:	